

**Work Order ID 149143**

Tuesday, July 19, 2016 2:41:32 PM

**\*149143\***

Page 1

Item ID: D4716-5

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Duct Hose

Start Date: 7/5/2016 Start Qty: 8.00

**\*8\***

Cust Item ID:

Required Date: 7/19/2016 Req'd Qty: 8.00

**\*8\***

Customer:

Reference:

Approvals: Process Plan: DAS Date: JUL 20 2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: 21 Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
9-89

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D4716    | A            |

100

0.00

**\*100\***

Purchasing

Memo

Issue P/O:

MANUFACTURE AS PER DWG D4716

Supplier: CUSTOM DUCTS

Certificate of conformity is required

0.00

u 160721

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Memo

0.03

Packaging

8x Sp 16-8-8

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  | Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QS1042) Approval |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Completed By                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | QC / QA Coordinator Approval                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |                       |                                              |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |                                     |                                    |                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

**Work Order ID 149143**

Tuesday, July 19, 2016 2:41:32 PM

**\*149143\***

Page 2

Item ID: D4716-5 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Duct Hose  
Start Date: 7/5/2016 Start Qty: 8.00 **\*8\*** Cust Item ID:  
Required Date: 7/19/2016 Req'd Qty: 8.00 **\*8\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp             |
|--------------------------------|---------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------|
| 120                            | QC6- Inspect dimensions to drawing                | 0.00                 |         |        |              |               |               |                  |                            |
| <b>*120*</b>                   |                                                   |                      |         |        |              |               |               |                  |                            |
| QC                             | Memo                                              | 0.00                 |         |        |              |               |               |                  | DAS<br>38<br>9-89          |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  | AUG 09 2016                |
| 130                            | Identify as per dwg & Stock Location <u>51224</u> | 0.00                 |         |        |              |               |               |                  |                            |
| <b>*130*</b>                   |                                                   |                      |         |        |              |               |               |                  |                            |
| Packaging                      | Memo                                              | 0.01                 |         |        |              |               |               |                  | Count<br>PC<br>AUG 12 2016 |
| Packaging                      |                                                   |                      |         |        |              |               |               |                  |                            |
| 140                            | QC21- Final Inspection - Work Order Release       | 0.00                 |         |        |              |               |               |                  |                            |
| <b>*140*</b>                   |                                                   |                      |         |        |              |               |               |                  |                            |
| QC                             | Memo                                              | 0.13                 |         |        |              |               |               |                  | DAS<br>21<br>9-89          |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  | AUG 16 2016                |

DAS  
21  
9-89  
AUG 16 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

# Picklist Print

Tuesday, July 19, 2016 2:41:32 PM

Page 1

Work Order ID: 149143

**\*149143\***

Parent Item: D4716-5

**\*D4716-5\***

Parent Item Name: Duct Hose

Start Date: 7/5/2016

Required Date: 7/19/2016

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 12.11.08 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D4716-5P                        |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 8            |               |                |        |
| <b>*D4716-5P*</b>               |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               |                |        |
| Duct Hose                       |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

8x 8/16-8-8

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

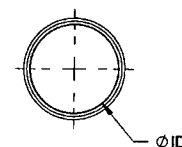
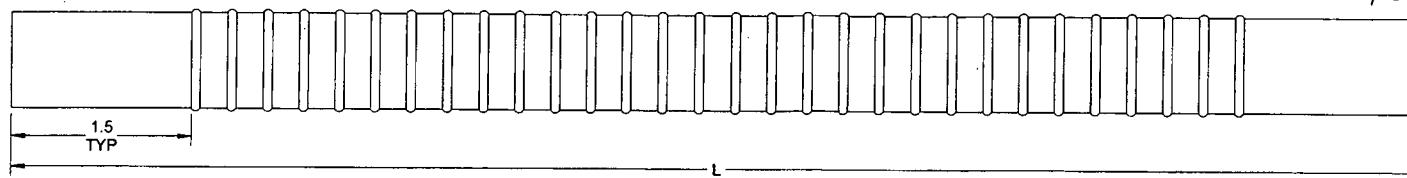
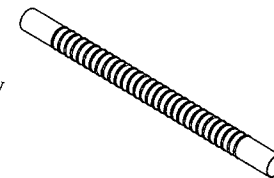
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                              |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval                        |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                              |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Lead hand / Supervisor Approval Verification |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | QC / QA Coordinator Approval                 |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                              |  |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                              |  |  |

# **SPECIFICATION CONTROL DRAWING**

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 149143 *MCJ*  
*16-07-20*



| DART<br>PART NUMBER | DESCRIPTION | POSSIBLE<br>VENDOR | VENDOR<br>PART NUMBER | MATERIAL        | ID   | L    | WEIGHT<br>(lb) |
|---------------------|-------------|--------------------|-----------------------|-----------------|------|------|----------------|
| D4716-1             | DUCT HOSE   | CUSTOM DUCTS       | SCEET                 | SILICONE RUBBER | 0.75 | 24.0 | 0.2            |
| D4716-3             | DUCT HOSE   | CUSTOM DUCTS       | SCEET                 | SILICONE RUBBER | 0.75 | 28.0 | 0.2            |
| D4716-5             | DUCT HOSE   | CUSTOM DUCTS       | SCEET                 | SILICONE RUBBER | 0.75 | 41.0 | 0.3            |

## **D4716-X DUCT HOSE**

RELEASED  
2012-11-05  
*mp*

### **NOTES:**

- 1) MATERIAL: PER TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: PER TABLE

|            |                    |    |          |
|------------|--------------------|----|----------|
| A          | NEW ISSUE          | RF | 12.07.25 |
| REV.       | DESCRIPTION        | BY | DATE     |
| DESIGN     | RF                 |    |          |
| DRAWN      | RF                 |    |          |
| CHECKED    | <i>[Signature]</i> |    |          |
| MFG. APPR. | <i>[Signature]</i> |    |          |
| APPROVED   | <i>[Signature]</i> |    |          |
| DE APPR.   | <i>[Signature]</i> |    |          |
| DATE       | 12.07.25           |    |          |

|                                                                                                                                                                                                                                                                                                  |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                         |                        |
| DRAWING NO.<br><b>D4716</b>                                                                                                                                                                                                                                                                      | REV. A<br>SHEET 1 OF 1 |
| TITLE<br><b>DUCT HOSE</b>                                                                                                                                                                                                                                                                        | SCALE<br>NTS           |
| <small>COPYRIGHT © 2012 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |                        |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO33109**

Purchase Order Date 7/21/2016 7:41:40 AM

PO Print Date 7/21/2016

Page Number 1 of 2

**Order From :**

VU-CD001

CUSTOM DUCT  
179 BEAVER BERRY ROAD  
  
LIMINGTON, MAINE 04049

**Ship To :** DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 207-637-3000

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx Overnight collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms** Net 30

**Currency** USD

**FOB** Destination-Collect

| Line Nbr    | Reference<br>Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price |
|-------------|-----------------------------------------------------------------------|------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1           | D4716-1P<br><br>AS PER DWG D4716 REV. A<br>B149067                    | Duct Hose              | 7/29/2016<br>Yes<br>7/29/2016        |    | 4.00<br>Each                   | \$30.00       | \$120.00          |
| Line Total: |                                                                       |                        |                                      |    |                                |               | \$120.00          |
| 2           | D4716-3P<br><br>AS PER DWG D47126 REV. A<br>B149083                   | Duct Hose              | 7/29/2016<br>Yes<br>7/29/2016        |    | 6.00<br>Each                   | \$34.00       | \$204.00          |
| Line Total: |                                                                       |                        |                                      |    |                                |               | \$204.00          |
| 3           | D4716-5P<br><br>AS PER DWG D4716 REV. A<br>B149143                    | Duct Hose              | 7/29/2016<br>Yes<br>7/29/2016        |    | 8.00<br>Each                   | \$38.00       | \$304.00          |

Note:

7/21/2016



This invoice must be completed in English

**COMMERCIAL INVOICE**

| <b>EXPORTER :</b><br>Tax ID# :<br><b>Contact Name :</b> Jonathan Kinney<br><b>Telephone No. :</b> 2076373000<br><b>E-Mail :</b> kinney@pivot.net<br><b>Company Name/Address :</b><br>Custom Duct<br>179 Beaver Berry Rd<br><br>Limington ME 04049<br><b>Country :</b> United States<br><b>Parties to Transaction:</b><br><input type="checkbox"/> Related <input type="checkbox"/> Non-Related<br><br><b>Payment Terms :</b><br><br><b>Purpose of Shipment :</b> Commercial                                                                                                                                                                                                                                                                                                                            | <b>Ship Date :</b> 05 Aug, 2016<br><br><b>Air Waybill No. / Tracking No. / Bill of Lading :</b> 776927544269<br><br><b>Invoice No. : Purchase Order No. :</b>                              |                 |                                 |                          |                      |                                                                                                                                                                                                                                                     |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|--------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|--|-------|----|---------------------------------|--------|----|-----------|--------|----------------------------------|--|--|--|--|--|------------------------------------------------------|--|
| <b>CONSIGNEE :</b><br>Tax ID# : 10127-2607<br><b>Contact Name :</b> Chantal Lavoie<br><b>Telephone No. :</b> 6136321053<br><b>E-Mail :</b><br><b>Company Name/Address :</b><br>Dart Aerospace LTD<br>1270 Aberdeen<br><br>HAWKESBURY ON K6A1K7<br><b>Country :</b> Canada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SOLD TO (if different from Consignee) :</b><br><input checked="" type="checkbox"/> Same as CONSIGNEE :<br><br><b>Tax ID# :</b><br><b>Company Name/Address :</b><br><br><b>Country :</b> |                 |                                 |                          |                      |                                                                                                                                                                                                                                                     |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
| If there is a designated broker for this shipment, please provide contact information<br><b>Name of Broker    Tel No.    Contact Name</b><br><b>Duties and Taxes Payable by</b> <input type="checkbox"/> Exporter <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                 |                                 |                          |                      |                                                                                                                                                                                                                                                     |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No. of Packages</th> <th style="width: 10%;">No. of Units</th> <th style="width: 10%;">Unit of Measure</th> <th style="width: 40%;">Description of Goods</th> <th style="width: 15%;">Harmonized Tariff Number</th> <th style="width: 10%;">Country of Origin</th> <th style="width: 10%;">Unit Value</th> <th style="width: 5%;">Total Value</th> </tr> </thead> <tbody> <tr> <td></td> <td>18.00</td> <td>EA</td> <td>Commercial - Silicone Duct hose</td> <td>391731</td> <td>US</td> <td>34.888889</td> <td>628.00</td> </tr> <tr> <td colspan="6"><b>Total No. of Packages : 1</b></td> <td colspan="2"><b>Total Weight (Indicate LBS or KGS) : 6.00 lbs</b></td> </tr> </tbody> </table> |                                                                                                                                                                                            | No. of Packages | No. of Units                    | Unit of Measure          | Description of Goods | Harmonized Tariff Number                                                                                                                                                                                                                            | Country of Origin | Unit Value | Total Value |  | 18.00 | EA | Commercial - Silicone Duct hose | 391731 | US | 34.888889 | 628.00 | <b>Total No. of Packages : 1</b> |  |  |  |  |  | <b>Total Weight (Indicate LBS or KGS) : 6.00 lbs</b> |  |
| No. of Packages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No. of Units                                                                                                                                                                               | Unit of Measure | Description of Goods            | Harmonized Tariff Number | Country of Origin    | Unit Value                                                                                                                                                                                                                                          | Total Value       |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18.00                                                                                                                                                                                      | EA              | Commercial - Silicone Duct hose | 391731                   | US                   | 34.888889                                                                                                                                                                                                                                           | 628.00            |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
| <b>Total No. of Packages : 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                 |                                 |                          |                      | <b>Total Weight (Indicate LBS or KGS) : 6.00 lbs</b>                                                                                                                                                                                                |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
| <b>Special Instructions :</b><br><br><br><b>Declaration Statement(s) :</b><br>These commodities, technology, or software were exported from the United States in accordance with the Export Administration Regulations.<br>Diversion contrary to United States law is prohibited.<br><b>I declare that all the information contained in this invoice to be true and correct</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                 |                                 |                          |                      | <b>Terms of Sale :</b> FCA<br><b>Subtotal :</b> 628.00<br><b>Insurance :</b> 0.00<br><b>Freight :</b> 0.00<br><b>Packing :</b> 0.00<br><b>Handling :</b> 0.00<br><b>Other :</b> 0.00<br><b>Invoice Total :</b> 628.00<br><b>Currency Code :</b> USD |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
| <b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                 |                                 |                          |                      | 05 Aug, 2016                                                                                                                                                                                                                                        |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |
| <b>Signature / Title / Date</b> <i>Jonathan Kinney OWNER</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                 |                                 |                          |                      |                                                                                                                                                                                                                                                     |                   |            |             |  |       |    |                                 |        |    |           |        |                                  |  |  |  |  |  |                                                      |  |

SP 7688

Custom Duct

179 Beaver Berry Rd  
Limington, ME 04049  
PH 1 800 863 2620

# Invoice

| Date     | Invoice # |
|----------|-----------|
| 8/5/2016 | 1983      |

|                                                                  |
|------------------------------------------------------------------|
| Bill To                                                          |
| Dart Aerospace<br>1270 Aberdeen Street<br>Hawkesbury, ON K6A 1K7 |

|                                                                  |
|------------------------------------------------------------------|
| Ship To                                                          |
| Dart Aerospace<br>1270 Aberdeen Street<br>Hawkesbury, ON K6A 1K7 |

| P.O. Number | Terms  | Rep | Ship     | Via             | F.O.B. | Project |
|-------------|--------|-----|----------|-----------------|--------|---------|
| PO33109     | Net 30 |     | 8/5/2016 | Federal Express |        |         |

| Quantity | Item Code | Description                               | Price Each | Amount |
|----------|-----------|-------------------------------------------|------------|--------|
| 4        | SCEET     | Double Wall SCEET3 X 24" Your D4716-1P    | 30.00      | 120.00 |
| 6        | SCEET     | Double Wall SCEET 3 X 28" Your D4716-3P   | 34.00      | 204.00 |
| 8        | SCEET     | Double Wall SCEET 3 X 41" Your D4716-5P ✓ | 38.00      | 304.00 |
|          | Ship      | Shipping Charge Collect as per PO         | 0.00       | 0.00   |

SPK 88

|              |              |                      |              |          |
|--------------|--------------|----------------------|--------------|----------|
| Phone #      | Fax #        | E-mail               | <b>Total</b> | \$628.00 |
| 207 637 3000 | 207 637 3000 | kinney@fairpoint.net |              |          |

*Garth King*

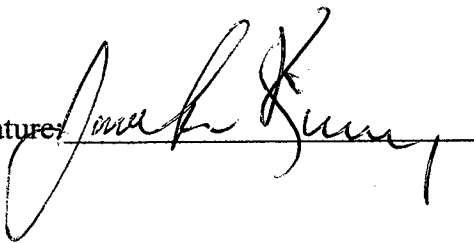
Custom Duct  
179 Beaver Berry Rd.  
Limington, ME 04049

## CERTIFICATE OF CONFORMANCE

Customer Name: Dart Aerospace Ltd. Purchase Order No: PO33109

4 EACH SCEET 3 X 24" Your D4716-1P WITH CUFFS  
6 EACH SCEET 3 X 28" Your D4716-3P WITH CUFFS  
8 EACH SCEET 3 X 41" Your D4716-5P WITH CUFFS

This is to certify that the products, systems and/or services listed here-in have been manufactured, inspected and tested in accordance with Custom Duct and industry standards. It is further certified that the items listed here-on are in compliance with the provisions of your purchase order/ work order listed above. Inspection and test records and material certifications are on file and available upon request.

Signature: 

Date: 5 August 2016